

1. DEPARTMENT/COURT INFORMATION:

Division/Unit: Northeast Family Resource Center, Central Region

2. VOLUNTEER PROGRAM BENEFITS:

- No. Vol. 5 Hours 414 x \$18.04 = \$7,468.56

No. Vol.	<u>18</u>	Hours	<u>1884.5</u>	x	\$18.04	=	<u>\$33,996.38</u>
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c. **SPECIALIZED VOLUNTEERS** (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
		x		=	\$ 0.00

No. Vol	<u>0</u>	Total Hours	<u>0</u>	Total Value	\$ <u>0.00</u>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Not applicable.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: <u>5</u>	<u>414</u>	\$ <u>7,468.56</u>	
2b: <u>18</u>	<u>1884.5</u>	\$ <u>33,996.38</u>	
2c: <u>0</u>	<u>0</u>	\$ <u>0.00</u>	

TOTALS: <u>23</u>	<u>2,298.5</u>	\$ <u>41,464.94</u>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
<u> </u>	\$ <u> </u>	<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	<u> </u>	\$ <u> </u>

TOTAL VALUE \$ <u>0.0</u>

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours x Rate \$ =

\$0.00

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours x Rate \$ =

\$0.00

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item: _____ Cost: _____

Item: _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS

= \$0.00

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$0.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) **\$41,464.94**
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) **\$0.00**
- ADD a + b **\$0.00**
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (**\$ 0.00**)

TOTAL PROGRAM BENEFIT \$41,464.94

6. **RECRUITING:**

Please describe your recruiting programs:

We utilize students from Crawford High School. The students from Crawford High School are in an Internship Program.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

WEX (Work Experience) is a program designed to give clients non-salaried work experience in non-profit agency. The benefits are: Recent work experience for their resumes, job contracts, job references, and the opportunity to learn and enhance new skills.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We continue to provide on going training to our WEX Clients

We have a Training Unit Set up for the WEX Workers.

This will allow us to provide training for clients with barriers that have not been successful in the past.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Noelita Capps

Phone Number: (619)589-4501 Mail Stop: W89 E-Mail: noelita.capps@sdcounty.ca.gov

Volunteer Coordinator: Krishna Franks

Phone Number: (619)589-4573 Mail Stop: W89 E-Mail: Krishna.franks@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/6/06
DATE